Sixth Cycle Regional Housing Needs Assessment (RHNA) Appeal Request Form

All appeal requests and supporting documentation must be received by SCAG October 26, 2020, 5 p.m.

Appeals and supporting documentation should be submitted to $\underline{housing@scag.ca.gov}$. Late submissions will not be accepted.

Date		Hearii	ng Date:	Planner:			
FOR ST	AFF USE (ONLY:					
	occurre	·~ <i>,</i>					
	occurred)						
П	_	Changed Circumstances (Per Government Code Section 65584.05(b), appeals based on change of circumstance can only be made by the jurisdiction or jurisdictions where the change in circumstance					
			•	65584 05(h) anneals based on change of			
		Affirmatively furthering fa					
		Loss of units during a state The region's greenhouse a	= -				
		• •	•	university campus within a jurisdiction			
		Housing needs of farmwo		university company within a liveladiation			
		The rate of overcrowding					
		High housing cost burden					
		Loss of units contained in	elopments				
		· · · =	-	d incorporated areas of County			
		Plans					
		Distribution of household	growth assumed for I	purposes of comparable Regional Transportation			
		County policies to preserv					
				er existing federal or state programs			
Availability of land suitable for urban development or for conversion to residential use							
	☐ Sewer or water infrastructure constraints for additional development						
□ Existing or projected jobs-housing balance							
Ц		Local Planning Factors and/or Information Related to Affirmatively Furthering Fair Housing (See Government Code Section 65584.04 (b)(2) and (e))					
		tion of the adopted Final RHN	= -				
_			10 Nashaadal	officers PUNA (2021 2020)			
BVCEC	FOR AI	DDFAI	O	ther:			
			Р	lanning Director			
				ity Manager hair of County Board of Supervisors			
			C	hief Administrative Office			
			N	1ayor			
Name:			PLEA:	SE SELECT BELOW:			
APPEAL	AUTHO	RIZED BY:					
Filing Party Contact Name			Filing	Filing Party Email:			
Filing P	arty (Jui	risdiction or HCD)					
				unother appeal, please use unother jointy			
Date:				Jurisdiction Subject to This Appeal Filing: (to file another appeal, please use another form)			

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Brief statement on why this revision is necessary to further the intent of the objectives listed in Government Code Section 65584 (please refer to Exhibit C of the Appeals Guidelines):

Please include suppo	orting documentation to	or evidence as needed, and	attach additional pages if you	i need more room.
Brief Description	of Appeal Request	and Desired Outcome	<u>:</u>	
Niverbay of visits			iuniadiatian/a duaft DIIA	IA allocation (single and)
			jurisdiction's draft Kniv	IA allocation (circle one)
Reduced	Added			
List of Supporting	g Documentation. b	y Title and Number of	Pages	
		te additional supporting do		
1.				
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2.				
2				
3.				
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FOR STAFF USE ON		ania - Dat	51	
Date	Не	aring Date:	Planner	: